



ADVOCATES
FOR HIGHWAY
& AUTO SAFETY

March 2, 2016

The Honorable Antonio Guerrero
Co-Chair
Transportation Committee
Connecticut General Assembly
Legislative Office Building, Room 2300
Hartford, Connecticut 06106

The Honorable Andrew M. Maynard
Co-Chair
Transportation Committee
Connecticut General Assembly
Legislative Office Building, Room 2300
Hartford, Connecticut 06106

Dear Chairman Guerrero and Chairman Maynard:

Advocates for Highway and Auto Safety (Advocates) is a coalition of consumer, safety, public health and medical groups, and insurance companies and organizations working together to pass highway and auto safety laws that prevent unnecessary deaths and injuries and contain costs. Advocates urges you to include a provision in Senate Bill (SB) 285, *An Act Concerning the Department of Transportation*, to strengthen Connecticut's seat belt law by requiring all passengers in the rear seat of a motor vehicle to wear a safety belt.

From 1995 to 2014, unbelted rear seat fatalities occurred two and a half times more frequently than restrained rear seat fatalities in Connecticut.¹ Furthermore, the majority of passengers in the rear seats of vehicles are teens and children, and studies have shown that seat belt usage by teens is among one of the lowest segments of society. According to NHTSA, in 2013, passenger vehicle occupants in age groups 13 to 15, 21 to 24, and 25 to 34 had the highest percentage (61 percent) of non-restrained fatalities. Upgrading Connecticut's seat belt law to include primary enforcement for all rear seat occupants will send a strong message to drivers and passengers that everyone in every seat on every trip needs to buckle up.

Connecticut's seat belt use rate in 2014 was 85 percent, lower than the national average. In 2014, seat belts saved the lives of 72 people in front and rear seats on Connecticut's roads and yet, 17 more people could have been saved by 100 percent seat belt use (NHTSA).

Seat belts not only save lives and prevent lifelong debilitating injuries, they also save taxpayer dollars. Motor vehicle crashes cost Connecticut nearly \$4.9 billion annually (NHTSA). Unbelted crash victims have medical bills that are 55 percent higher than belted victims, and society bears a majority of the cost through increased insurance premiums, taxes, and health care costs (NHTSA).

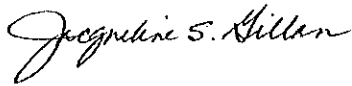
Nationally in 2014, only 1 percent of the occupants reported to have been using restraints were totally ejected, compared with 30 percent of unrestrained occupants. In fatal crashes in 2014, 80 percent of passenger vehicle occupants who were totally ejected from the vehicle were killed. Further, 47 percent of unrestrained front seat passenger vehicle occupants were killed, compared to 58 percent of unrestrained rear seat passenger vehicle occupants killed (NHTSA).

¹ Connecticut Transportation Safety Research Center Crash Data Repository, University of Connecticut, <http://www.ctcrash.uconn.edu>.
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Unbelted rear seat passengers pose a serious threat to the driver and other vehicle occupants. Known as "back seat bullets," unbelted rear seat passengers can be thrust at high rates of speed into other occupants, causing fatalities and serious injuries, as well as loss of control of the vehicle. "The odds of death for a belted driver seated directly in front of an unrestrained passenger in a serious head-on crash was 2.27 times higher than if seated in front of a restrained passenger."²

If enacted, this commonsense improvement to current law will save lives and save taxpayer dollars. For every single death, the lives of families, friends and communities are irrevocably shattered. These deaths are unnecessary and unacceptable, particularly when a solution is at hand. Advocates strongly urges you to add a provision to require rear seat belt use in SB 285.

Sincerely,

A handwritten signature in cursive script that reads "Jacqueline S. Gillan".

Jacqueline Gillan
President

² Mayrose J, *Influence of the unbelted rear-seat passenger on driver mortality: "the backseat bullet"*. Acad Emerg Med. 2005 Feb;12(2):130-4.